

REQUEST FOR EXCLUSION FORM

Williams v. Perdue Farms, Inc., et al.

Case No. 3:19-cv-07671-MMC

United States District Court, Northern District of California

If you want to receive an Individual Settlement Payment, you should **not** fill out this form (also known as an “**Opt Out Form**”); you are **not** required to do anything at this time. This form is to be used **only** if you want to exclude yourself from the Settlement.

If you decide to exclude yourself from (opt out of) the Settlement: (1) you will not receive any payments or benefits under the Settlement; (2) you will not be able to object to the Settlement; (3) you will not be bound by the Settlement if it is ultimately approved by the Court; and (4) you may pursue any claims asserted in the Lawsuit against Defendants by filing your own lawsuit.

To be excluded from the Settlement, complete this Request for Exclusion Form and mail it to the Settlement Administrator at the address listed below, postmarked no later than April 22, 2022.

Simpluris, Inc.
[*Williams v. Perdue Farms, Inc., et al.*]
[Address]
[City, State Zip]

Request for Exclusion

I hereby certify that I have been employed in California by at least one of the Defendants Perdue Farms, Inc., Perdue Foods LLC, Petaluma Acquisition, LLC, Coleman Natural Products, Inc., and/or Coleman Natural Foods, LLC at some time during the period from October 11, 2015 through February 11, 2022.

I have received the Notice of Proposed Class Action and PAGA Settlement (the “**Notice**”) in the Lawsuit, and I request to be excluded from the Settlement. I understand that by submitting this Request for Exclusion Form, I will not receive any money or other benefits under the Settlement, and I will not be bound by the Settlement, including the release of Released Claims, as described in the Notice and in the Settlement Agreement on file with the Court.

Please print legibly: Full Name: _____

Date of Birth: _____ Phone Number: _____

Street Address: _____

City, State, Zip Code: _____

Last 4 digits of Social Security No.: _____ Employee ID No.: _____

Signature of Class Member: _____ Date: _____